

FEC FORM 3L**REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS
AND LOBBYIST/REGISTRANT PACs**RECEIVED
CLERK OF THE SENATE
PUBLIC RECORDS

13 APR 15 PM 3:19

1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Tammy Baldwin for Senate

ADDRESS (number and street)

PO Box 696



Check if different than previously reported. (ACC)

Madison

CITY

WI

STATE

53701

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C

C00326801

3. IS THIS REPORT

☒ NEW (N)

OR

☐ AMENDED (A)

4. STATE DISTRICT

WI

00

For Candidates Only

5. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)
and/or Semi-annual ReportOctober 15
Quarterly Report (Q3)January 31
Year-End Report (YE)
and/or Semi-annual ReportJuly 31 Mid-Year
Report (Non-election
Year - PAC/Party) (MY)
and/or Semi-annual Report(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7) and/or
Semi-annual Report

Oct 20 (M10)

Jan 31 (YE) and/or
Semi-annual Report(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Special (12S)



Convention (12C)

Election on

M M / D D / Y Y Y Y Y Y

in the

State of

See Line 6(b)

This report also covers
the semi-annual period(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the

State of

See Line 6(b)

This report also covers
the semi-annual period

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

This report covers

M M / D D / Y Y Y Y Y Y
01 01 2013

through

M M / D D / Y Y Y Y Y Y
03 31 2013

and/or

☐ January 1 - June 30☐ July 1 - December 317. Total Reportable Bundled Contributions by
Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

0.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Michael F. Childers

Signature of Treasurer

Mr. Michael F. Childers

Date

M M / D D / Y Y Y Y Y Y
04 12 2013

04 12 2013

04 12 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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